PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 10/511476

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	
(Column 1) (Column 2)						TYPE [OF	SMALL	R THAN	
Ľ	TOTAL CLAIMS					•		RATE	FEE	٦¨.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	Ε	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			36 minus 20= •		• 1	16.		XS 9=		OR	X\$18=	288
II—	DEPENDENT (5 minus 3 = "					X43=	 -	OR	X86=		
M	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT				+145=	†	1	-290 =	176
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL	┼	OR		300
CLAIMS AS AMENDED - PART II								·OIAL	<u> </u>	JOR	TOTAL	V//4
<u>r</u>	1	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER. AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	<u> -</u>	Minus		· ——.	=	L	XS 9=		OR	X\$18=	
		ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X43=		OR	X86=	·
								+145=		OR	.+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
_												
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	**		=		XS 9=		OR	X\$18=	
	Independent	NITATION OF M	Minus	***		=	卜	X43=		OR:	X86=	
	TINOT PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		}			Un'		
						•	L	+145=		OR	+290=	
								TOTAL DDIT. FEE	, i	OR A	TOTAL DDIT FEE	-
7		(Column 1) CLAIMS		(Column		(Column 3)		· ·				ı
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	. ·		1	X43=			Vac	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* ** ADDIT FEE										оя [+290=	
•••	THE DIGHT:ST RUN	nber Previously Paid ber Previously Paid	id For IN THIS	: CDACE :- 1.		0	AD Sauct	DIT. FEE		OR A	TOTAL DOTAL DOTT. FEE L	
	PTO 037 (O)			<u> </u>								